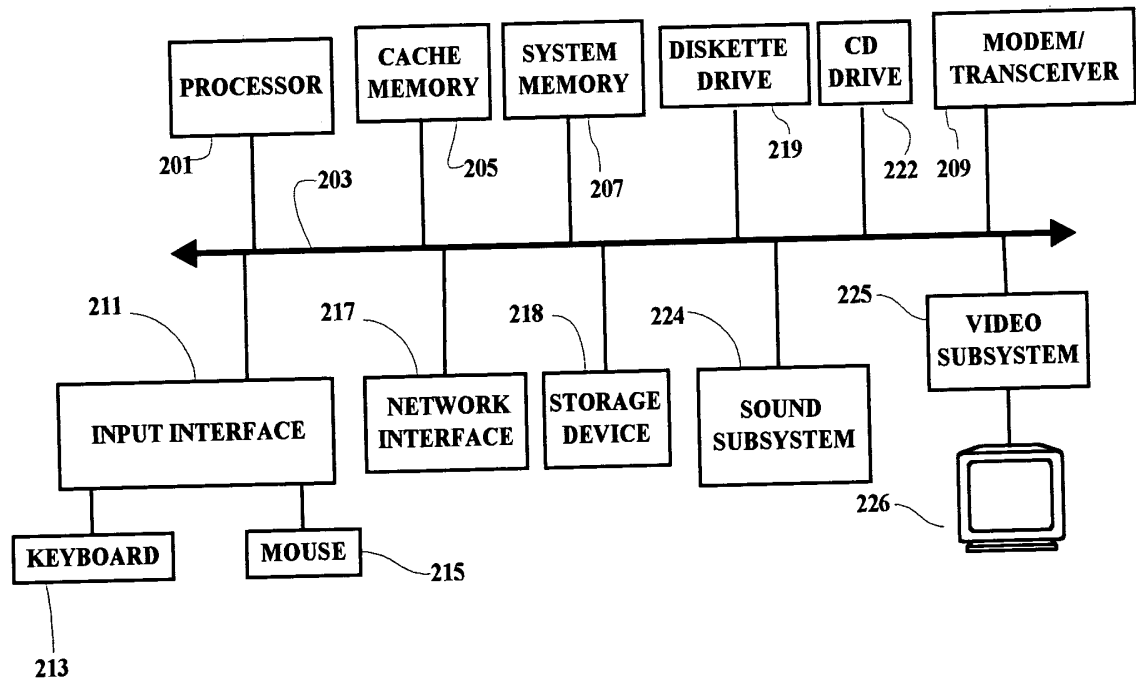


**FIG. 1**



**FIG. 2**

301

File Edit View Customer Help

Home  
Mr. John Dennis Smith  
Work Status  
Barriers to Work  
Partner  
Dependent(s) 303  
Eligibilities  
  
Court and Custody  
Results/Details

Dependent(s) 305  
ADD DEPENDENT(S) 305

What is the first name of the dependent? 311

First Name: 307  
309  
Middle:  
Surname:  
Date of Birth:  
Gender: ▼  
Relationship to Child: ▼  
Partner Relationship: ▼  
Another Living Parent: ▼

ADD 312 CANCEL 313

**FIG. 3**

File Edit View Customer Help	
<u>Home</u> <u>Mr. John Dennis Smith</u> <u>Work Status</u> <u>Barriers to Work</u> <u>Partner</u> <u>Dependent(s)</u> <u>Eligibilities</u>  <u>Court and Custody</u> <u>Results/Details</u>	<u>Dependent(s)</u> <u>ADD DEPENDENT(S)</u>
	First Name: <input type="text"/>
	What is the middle name of the dependent?
	Middle: <input type="text"/>
	Surname: <input type="text"/>
	Date of Birth: <input type="text"/>
	Gender: <input type="text"/>
	Relationship to Child: <input type="text"/>
	Partner Relationship: <input type="text"/>
	Another Living Parent: <input type="text"/>
<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>	

**FIG. 4**

File Edit View Customer Help	
<u>Home</u> <u>Mr. John Dennis Smith</u> <u>Work Status</u> <u>Barriers to Work</u> <u>Partner</u> <u>Dependent(s)</u> <u>Eligibilities</u>  <u>Court and Custody</u> <u>Results/Details</u>	<u>Dependent(s)</u> <u>ADD DEPENDENT(S)</u>
	First Name: <input type="text" value="1"/> <span>307</span>
	Middle: <input type="text"/> <span>309</span>
	Surname: <input type="text"/>
	Date of Birth: <input type="text"/>
	Gender: <input type="text" value="▼"/>
	Relationship to Child: <input type="text" value="▼"/>
	Partner Relationship: <input type="text" value="▼"/>
	Another Living Parent: <input type="text" value="▼"/>
	<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>

What is the first name of the dependent? 501

**FIG. 5**

File Edit View Customer Help	
<u>Home</u> <u>Mr. John Dennis Smith</u> <u>Work Status</u> <u>Barriers to Work</u> <u>Partner</u> <u>Dependent(s)</u> <u>Eligibilities</u>  <u>Court and Custody</u> <u>Results/Details</u>	<u>Dependent(s)</u> <u>ADD DEPENDENT(S)</u>
	First Name: <input type="text"/>
	309 Middle: <input type="text"/>
	401 Surname: <input type="text"/>
	Date of Birth: <input type="text"/>
	Gender: <input type="text"/>
	Relationship to Child: <input type="text"/>
	Partner Relationship: <input type="text"/>
	Another Living Parent: <input type="text"/>
	<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>

601

What is the middle name of the dependent?

**FIG. 6**

File Edit View Customer Help	
<u>Home</u> <u>Mr. John Dennis Smith</u> <u>Work Status</u> <u>Barriers to Work</u> <u>Partner</u> <u>Dependent(s)</u> <u>Eligibilities</u>  <u>Court and Custody</u> <u>Results/Details</u>	<u>Dependent(s)</u> <u>ADD DEPENDENT(S)</u>
	What is the first name of the dependent? First Name: <input type="text"/>
	Middle: <input type="text"/>
	Surname: <input type="text"/>
	Date of Birth: <input type="text"/>
	Gender: <input type="text"/>
	Relationship to Child: <input type="text"/>
	Partner Relationship: <input type="text"/>
	Another Living Parent: <input type="text"/>
	<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>

FIG. 7

File Edit View Customer Help	
<u>Home</u> <u>Mr. John Dennis Smith</u> <u>Work Status</u> <u>Barriers to Work</u> <u>Partner</u> <u>Dependent(s)</u> <u>Eligibilities</u>  <u>Court and Custody</u> <u>Results/Details</u>	<u>Dependent(s)</u> <u>ADD DEPENDENT(S)</u>
	First Name: <input type="text" value="Joan"/> 809
	Middle: <input type="text" value="T."/>
	Surname: <input type="text" value="Smith"/> 801
	What is the date of birth of the dependent? Format: mm-dd-yyyy Valid Range: 1890-today 803
	Date of birth: <input type="text" value="1"/> 805
	Gender: <input type="text" value=""/> 805
	Relationship to Child: <input type="text" value=""/> 807
	Partner Relationship: <input type="text" value=""/>
	Another Living Parent: <input type="text" value=""/>
<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>	

FIG. 8

**PREFERRED INFORMATION INTEGRATION SELECTIONS** 901

903 Presentation Style:	904	Overlapping Fields	▼
905 Field Magnification:	906	20%	▼
907 Adjoining De-Magnification:		-20%	▼
909 Field Area Color:	908	Light Blue	▼
	910		

**INFORMATION TO INTEGRATE**

Prompt:	<input checked="" type="checkbox"/> 914
Definition:	<input type="checkbox"/> 915
Explanation:	<input type="checkbox"/> 916
Business Rules:	<input type="checkbox"/> 917
Format Guide:	<input checked="" type="checkbox"/> 918
Range of Data:	<input checked="" type="checkbox"/> 919
Work Aids:	<input type="checkbox"/> 920

911

912

Overlapping Fields
Top of Page
Above Fields
To Right of Fields
None

921

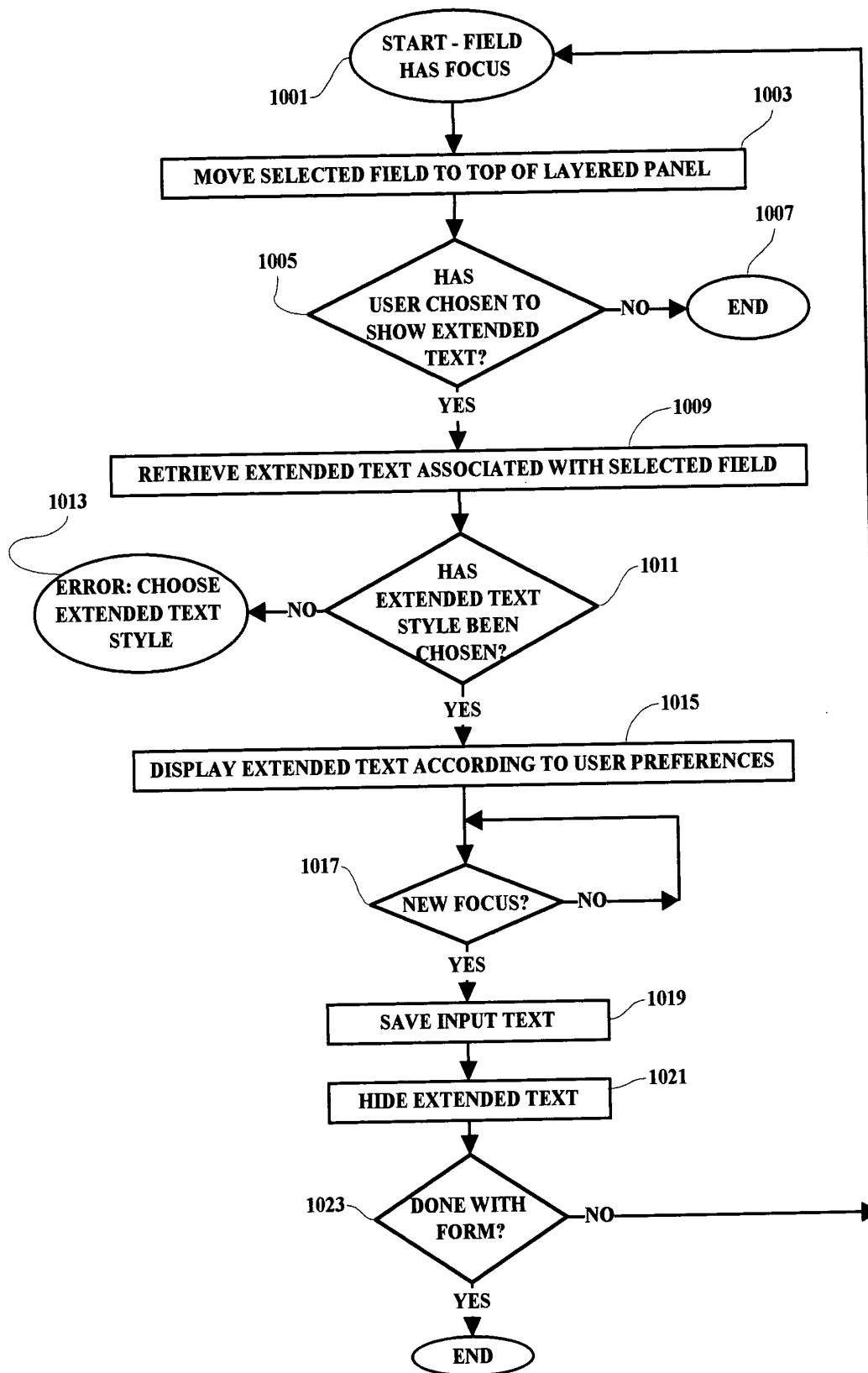
922

OK

CANCEL

**FIG. 9**





**FIG. 10**